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I hereby appoint:						
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OR						
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):						
Name		Registration Number			Registration Number	
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as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with						
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160 Greentree Drive, Suite 101 Dover, DE 19904						
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be						
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SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee						
Signature	1/20/			Date 10/7/2	209	
Name Steph	en Finley			Telephone		
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